

**You must use black ink to fill out this form.**

Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Message phone: \_\_\_\_\_

**NOTE: If for any reason you do not wish the other party to know your physical address, you must still provide a mailing address so that the court and the other party can serve you by mail.**

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT \_\_\_\_\_  
*City or Town where the Court is located*

\_\_\_\_\_  
Plaintiff,  
  
v.  
  
\_\_\_\_\_  
Defendant.  
\_\_\_\_\_

Your Case No. \_\_\_\_\_

### ORDER FOR GENETIC (DNA) TESTING

☐ Plaintiff ☐ Defendant filed a *Motion and Affidavit for Genetic (DNA) Testing*. The opposing party ☐ did ☐ did not respond in writing. A hearing ☐ was ☐ was not held on \_\_\_\_\_  
(date)  
at which ☐ Plaintiff ☐ Defendant was/were present. After considering the *Motion and Affidavit for Genetic (DNA) Testing* and any filed opposition, **IT IS HEREBY ORDERED, the motion is:**

☐ **GRANTED.** The paternity of the child, \_\_\_\_\_, DOB: \_\_\_\_\_, is in controversy and there is reasonable cause to order the parties and child to submit to genetic testing to establish or disestablish paternity of the child.

### WHERE TO GET TEST

Within ten (10) days from the date this order is distributed, the plaintiff shall:

☐ Contact the Child Support Services Division (CSSD) at:

#### Anchorage

550 W. Seventh Ave., Suite 310  
Anchorage, AK 99501-6699  
(907) 269-6900, (800) 478-3300  
(907) 269-6894 TTD  
(800) 370-6894 TTD toll free in Alaska

#### Fairbanks

675 Seventh Ave., Station J2  
Fairbanks, AK 99701-4531  
(907) 451-2830

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**Mat-Su Valley**

845 W. Commercial Drive  
Wasilla, AK 99654-6937  
(907) 352-4133

**Southeast Alaska**

240 Main St., First Floor  
Juneau, AK 99811  
(907) 465-5887

If there is an open case with CSSD, it will arrange appointments to have DNA samples collected for testing. If there is no open case, the parties will receive information about arranging the genetic testing themselves at a laboratory used by CSSD. The party who has the child in their care shall cooperate to have the child tested. Failure to comply with this order may result in sanctions, including a determination of paternity.

☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**COSTS of TESTING**

The ☐ plaintiff ☐ defendant will pay all costs associated with the testing procedure. If CSSD arranges the test, you must pay before appointments will be scheduled.

☐ Both parties shall split the costs associated with the testing procedure. If CSSD arranges the test, you must pay before appointments will be scheduled.

☐ If the current father is proven not to be the father, the mother shall reimburse the other party for these costs.

**DNA TEST RESULT**

The parties shall file with the court the genetic testing result within ten (10) days after receiving it. The test result must be accompanied by an affidavit that is prepared by a qualified person who administers the test and which addresses their qualifications and the validity of the testing procedures and results. Failure to comply with this order may result in sanctions, including a determination of paternity.

☐ **DENIED.** There is not reasonable cause to order genetic testing.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Judge's signature)  
Judge \_\_\_\_\_  
(Judge's name printed out)

I certify that on \_\_\_\_\_ a copy of the above was mailed to each of the following at their addresses of record: ☐ Plaintiff ☐ Defendant ☐ Other: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk / Secretary